

Exhibit 42

DR. JULIA READE

SEPTEMBER 21, 2006

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Volume: I

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Exhibits: 1 -7

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MASSACHUSETTS

CONSOLIDATED UNDER

CASE NO. 05-10155 PBS

- - - - - x
YISEL DEAN, et al.,
Plaintiffs,
Case No. 05 CV 10155 PBS
V.
RAYTHEON COMPANY, a Delaware corporation,
et al.,
Defendants.

LISA A. WEILER, et al.,
Plaintiffs,
Case No. 05 CV 10364 PBS
V.
RAYTHEON COMPANY, a Delaware corporation,
et al.,
Defendants.

- - - - - x

DEPOSITION OF JULIA M. READE, M.D.

Thursday, September 21, 2006, 10:15 a.m.

Dwyer & Collora LLP

600 Atlantic Avenue

Boston, Massachusetts

Reporter: Rosemary F. Grogan, CSR, RPR

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1 Q. Who were they?

2 A. Those included Bob's cousin, Pat Ryan, Miriam
3 Williams who is Bob's half-sister, and Laura Dean who is
4 his sister and also Kiera Colon who is Yisel's Dean's
5 sister-in-law.

6 Q. What does Bob do for a living?

7 A. As I said before, he does truck maintenance or
8 at the time I saw him he was doing truck maintenance.

9 Q. Do you know how long a period of time he has
10 been doing truck maintenance?

11 A. He has been doing that, I think, for about a
12 year maybe, maybe longer, before I interviewed him. He
13 had aspirations to become a pilot and after his
14 brother's death, he shelved all of those and said he no
15 longer had any interest in flying or learning to be a
16 pilot.

17 Q. In your report dated July 18, you say: In my
18 opinion, to a reasonable degree of medical certainty,
19 Yisel Dean meets diagnostic criteria for Major
20 Depressive Disorder, Generalized Anxiety Disorder,
21 undifferentiated Somatoform Disorder, and suffers from a
22 syndrome of complicated grief.

23 What is major depressive disorder?

24 A. Major depressive disorder is a major mental

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1 illness a mood disorder characterized by a host of what
2 are called neuro-vegetative symptoms, including some
3 combination of sleep disruption, changes in
4 concentration, appetite, eating habits, frequently
5 accompanied by guilty ruminations, changes in interest
6 in activities that previously gave one pleasure, changes
7 in energy, frequently accompanied by feelings of
8 hopelessness and helplessness, frequently accompanied by
9 suicidal ideation.

10 It's thought to be a biologically-driven
11 entity which frequently is improved by treatment with
12 antidepressant medication and psychotherapy.

13 Q. When you say it's biologically-driven, what do
14 you mean by that?

15 A. That means that there is some kind of
16 biological underpinning related to neurotransmitters or
17 to a brain process that's amendable treatment frequently
18 with some kind of pharmacologic intervention and/or
19 psychotherapy.

20 Q. And what causes it?

21 A. That's a very good question. There clearly is
22 a genetic component for some people. There are major
23 insults that people suffer in their lives that plunge
24 them into episodes of depression. And there are people

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1 who are, because of their kind of limited coping skills,
2 are probably more vulnerable to spells of depression
3 than people with more robust repertoire of tools.

4 Q. Did Yisel Dean suffer from major depressive
5 disorder before her husband died in August of 2003?

6 A. In my opinion, Yisel met criteria for a
7 depressive disorder prior to her husband's death and
8 then suffered a significant exacerbation of her symptoms
9 following his death.

10 Q. You answered the question a little differently
11 than I asked it.

12 Did she suffer major depressive disorder
13 prior to her husband's accident?

14 A. In my opinion, yes.

15 Q. And for how long a period of time had she had
16 major depressive disorder or suffered from major
17 depressive disorder prior to the accident?

18 A. It's difficult to pinpoint exactly because of
19 the -- there are some records that appear to be missing,
20 but based on the available records, sometime in 2002.

21 Q. What records are missing?

22 A. There are mental health records which date
23 back, apparently, to 2001 that aren't available or were
24 not available.

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1 Q. The next thing you write is that she meets the
2 diagnostic criteria for generalized anxiety disorder.

3 What is generalized anxiety disorder?

4 A. Generalized anxiety disorder is a condition
5 where the sufferer experiences symptoms of anxiety that
6 are frequently accompanied by various physical symptoms;
7 knot in the stomach, shakiness, feelings of, you know,
8 imminent about to pass out, butterflies, palpitations.

9 Q. And what causes generalized anxiety disorder?

10 A. It's not well understood what drives it. It's
11 also -- there are individuals who clearly have some kind
12 of biological vulnerability to it. And there are
13 studies that demonstrate that individuals who have
14 anxiety symptoms may be physiologically different than
15 those who don't, but it's not clear what the underlying
16 path of physiology is.

17 Q. In your opinion did the Yisel Dean suffer from
18 generalized anxiety disorder prior to her husband's
19 accident?

20 A. It's a tough call. She clearly was an anxious
21 person beforehand and had symptoms that were consistent
22 with some kind of anxiety disorder. Again, her symptoms
23 were worsened by the death of her husband.

24 Q. Next you say that she meets a diagnostic

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1 criteria for undifferentiated somatoform disorder. What
2 is undifferentiated somatoform disorder?

3 A. Undifferentiated somatoform disorder is a very
4 poorly understood condition where the individual
5 experiences physical symptoms in response to stressful
6 events, usually has a variety of physical symptoms
7 including pain syndromes, various gastro -- GI,
8 gastroenterological symptoms, menstrual symptoms,
9 sometimes neurologic symptoms which are either
10 unexplained by the objective medical findings or are in
11 excess of what one would expect given the medical
12 findings. And it's thought to be someone who really
13 experiences psychological distress through her body.

14 Q. Is undifferentiated somatoform disorder, a
15 diagnosis that is listed in DSM-IV Revised?

16 A. It's listed in DSM-IV-TR.

17 Q. What about my question?

18 A. I don't know if it's DSM-IVR. There are other
19 somatization-type disorders.

20 Q. In reviewing the records, did you see evidence
21 that prior to her husband's death, Yisel Dean did suffer
22 from undifferentiated somatoform disorder?

23 A. That's a diagnosis I've made and I do find
24 evidence based in a medical and psychiatric record

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1 review that she met criteria for it and again, she
2 suffered an exacerbation following the death of her
3 husband.

4 Q. And the last diagnosis that you've given her
5 as a result of your evaluation of her --

6 A. Mm-hmm.

7 Q. -- was that she suffers from a syndrome of
8 complicated grief, correct?

9 A. That's correct.

10 Q. Did you come up with any other diagnosis for
11 her as a result of your evaluation, other than the ones
12 that we've listed, and they include, major depressive
13 disorder, generalized anxiety disorder, undifferentiated
14 somatoform disorder and syndrome of complicated grief?

15 A. I think that covers it.

16 Q. All right. Is syndrome of complicated grief
17 listed in the DSM-IV Revised manual?

18 A. It is not currently listed. It is under
19 evaluation for the next volume of DSM.

20 Q. But it's not a recognized diagnosis at this
21 time?

22 A. At this time, no. There is, however, a peer
23 reviewed literature that's fairly extensive supporting
24 this as a diagnosis and a diagnostic entity separate

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1 from a depressive disorder or an anxiety disorder and
2 distinguished from a normal grief response; that this
3 appears to be a separate entity that has -- that has
4 validity and can be reliably distinguished from other
5 psychiatric disorders.

6 Q. What is syndrome of complicated grief?

7 A. Syndrome of complicated grief, although there
8 are some disagreement about the components, is
9 essentially a protracted grief response that goes awry
10 and becomes a chronic unremitting condition. And it
11 includes a series of symptoms related to a yearning for
12 the lost person, feelings of sort of stunned, surprised
13 that the person is still gone, unbidden experiences of
14 unbidden memories and often intrusive recollections of
15 the person, frequently feelings of detachment and
16 withdrawal from other human relationships, a feeling of
17 numbness about the death or difficulty coming to terms
18 with the death. And despite these intrusive experiences
19 of the loss, really a difficulty addressing the loss or
20 metabolizing the loss and moving on.

21 So these are people who are frequently
22 quite stuck in the grieving and has a qualitative
23 difference. It's qualitatively different from normal
24 bereavement where the individual is mourned and there

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1 are sort of periods of intense sadness and grief, but
2 that gradually that remits over time and it's thought
3 that remits over time because the individual comes to
4 terms with their ability to carry the memory of that
5 person internally. And complicated grief is complicated
6 in part because the death is so noxious to the
7 individual that they can't forget about it.

8 As Craig Knabe said, You can't forget
9 about the death, so you just drag it along. It's a very
10 nice description of this sort of inability to detach
11 yourself from it or get distance from it. And at the
12 same time, an inability to really sort of move through
13 it and metabolize it.

14 It's thought that about 15 percent of
15 people who lose significant others and are bereaved,
16 about 15 percent of them develop this complicated grief
17 syndrome. And the people who appear to be particularly
18 vulnerable to developing it, are people whose loved ones
19 have died suddenly, violently, when children die or
20 someone that the individual was excessively dependent
21 upon, when there has been some ambivalence about the
22 person who's died. I think there are a couple of other
23 factors that are not coming to mind right now, but those
24 are the --

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1 Oh, importantly, individuals who have
2 histories of depressive disorders or anxiety disorders
3 are also more vulnerable to developing syndromes of
4 complicated grief. It's also not something that abates
5 in the normal course of events. It requires specialized
6 treatment and a lot of the treatment that has been
7 implemented, sort of historically or conventionally for
8 individuals who are bereaved, is to try to sort of
9 encourage the person to give up the dead loved one and
10 kind of move on. And research is showing that in fact
11 that contradicted and that tends to increase the
12 yearnings and increase the disbelief and further
13 entrench people in their complicated grief syndrome.

14 And what is needed a process whereby the
15 individual is kind of encouraged to think about that
16 person and to develop a closer attachment with them and
17 to feel they have that person keeping them company over
18 time and to sort of gradually expand their coping skills
19 and their ability to integrate that loss.

20 Q. This syndrome of complicated grief is not
21 listed in the DSM-IV-R, the most recent text for
22 diagnostic criteria; is that correct?

23 A. That's correct.

24 Q. And you say it's under consideration for the

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1 next one?

2 A. That's correct.

3 Q. Whenever the next DSM comes out, right?

4 A. That's right.

5 Q. Is it recognized in any textbook as a form of
6 psychological pathology?

7 A. I don't know about textbook recognition.
8 There is a peer reviewed literature from respected
9 medical centers like Yale, University of California at
10 San Francisco, University of British Columbia in Canada.
11 There have been studies done cross-culturally in the
12 Netherlands and also in Scandinavia that make it clear
13 this is viewed as a pathologic process separate from
14 what's seen as a normal bereavement process.

15 Q. Have you provided us with the text that you
16 regard as it authoritative in the area of complicated
17 grief disorders?

18 A. I provided you with text I found helpful in
19 developing my own understanding of this area.

20 Q. Well, you said there were peer reviewed
21 literature out there that has recognized grief disorder
22 as a recognized pathology?

23 A. Right.

24 Q. Mental illness, right?

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1 A. Right.

2 Q. Can you give us the names of any of the
3 literature or have you give us copy of them?

4 A. I've given you copies of them. They're
5 articles from the American Journal of Psychiatry. There
6 is some research published from the Canadian Psychiatric
7 Association. There's information from the National
8 Cancer Institute. There is some data from the American
9 Psychiatric Association, and then some descriptions of
10 work done out of Yale.

11 Q. Has Yisel Dean ever been treated for any of
12 her mental illness following the death of her husband?

13 A. Yes.

14 Q. Who provided the treatment?

15 A. Yisel has been treated as far as I know only
16 through this public clinic, JPS -- let me get the name.

17 Q. We have those records?

18 A. Yeah, JPS Health Network in Texas.

19 Q. And what was the nature of her treatment?

20 A. Well, the nature of her treatment has been
21 largely psychopharmacologic intervention. She's had a
22 series of appointments with resident physicians lasting
23 about 15 minutes, occurring about every two months. And
24 it's mostly been focused on rearranging her package of

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1 medication.

2 So in terms of the adequacy, I don't
3 consider this adequate treatment or necessarily helpful
4 treatment, but yes, that's what she has availed herself
5 of. She also attended The WARM Place with her daughter,
6 Brittany, and Bob Dean but did not find that
7 particularly helpful; in fact, found it quite noxious to
8 be in a room with other adults talking about her
9 feelings.

10 Q. Following your evaluation of her, did you
11 recommend that she pursue alternative treatment?

12 A. I didn't make recommendations about
13 alternative treatment for her because her means are so
14 limited that all she has available to her is stuff that
15 is in the public sector which would include the
16 15-minute medication visits with sort of a rotating
17 assortment of partly-trained doctors.

18 Q. You say that she has limited means, financial
19 means?

20 A. That's correct.

21 Q. On what basis do you say that?

22 A. On the basis of the information she gave me
23 about those sources of income that she uses to support
24 herself.

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1 Q. And did you see records of a manic episode
2 with her?

3 A. No records of a manic episode. A couple of
4 mentions what they felt were hypomanic episodes.

5 Q. But you don't have the 2001 records?

6 A. That's correct.

7 Q. What is depressive disorder NOS?

8 A. NOS stands for not otherwise specified. So
9 that is a depressive disorder that doesn't necessarily
10 fit neatly into any of the other diagnostic baskets.

11 Q. She was prescribed, I'm reading from your
12 report, a host of mood-stabilizing antidepressant
13 anxiolytic and antipsychotic medication.

14 What was the antipsychotic medication she
15 was prescribed?

16 A. She was given a number. She was given
17 Abilify, Seroquel, Xyprexa. I think she might have had
18 a course of Risperdal. There may be others but those
19 are the ones I remember.

20 Q. You say in early 2006, she discontinued all
21 medication, right?

22 A. Right.

23 Q. At the time you saw her, was she taking any
24 medication?

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1 A. She was back on an antidepressant Celexa which
2 had been prescribed by her physician assistant, Debbie
3 Rushing.

4 Q. And that was Celexa?

5 A. Yes.

6 Q. What are her current psychosocial stressors
7 that are impacting on her mental illness?

8 A. I would include her financial situation,
9 stress of mothering, being a single mother, her
10 daughter, her social isolation, her lack of a job or
11 gain, employment and her distance from family.

12 Q. As far as the financial information, you don't
13 have any basis for that; is that correct?

14 A. I have the information from Yisel about what
15 her income is. I have deposition testimony, and then I
16 have data from Bob.

17 Q. The psychosocial stressor about distance from
18 family, does she have any interest in going back to the
19 Dominican Republic?

20 A. Most of her family is in New York, and she's
21 conflicted about it. On the one hand she would like to
22 be closer, especially to two of her brothers. But she
23 said it's also very expensive there; doesn't think she
24 can afford it. And then there's also, she would like to

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1 be closer to her mother who was in the Dominican
2 Republic, but she also would like -- she feels like she
3 needs to be on her own.

4 Q. Why don't we talk about Alice Knabe.

5 I take it your retention to evaluate

6 Alice Knabe was at the same time you were retained to
7 evaluate Yisel Dean?

8 A. That's correct.

9 Q. When did you interview Alice Knabe?

10 A. I interviewed her on April 7th and 8th, 2006
11 for approximately four hours.

12 Q. Who was present?

13 A. I saw her alone.

14 Q. Were you able to form an opinion based on your
15 evaluation of her as to whether she was suffering from
16 any mental illness?

17 A. Yes.

18 Q. What was your opinion?

19 A. My opinion was she suffered from dysthymic
20 disorder and complicated grief syndrome.

21 Q. What is dysthymic disorder?

22 A. Dysthymic disorder is a chronic depressive
23 state that's characterized by changes in appetite, lower
24 energy, poor concentration, feelings of hopelessness,

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1 frequently has component of sleep disturbance and
2 decreased self-esteem.

3 Q. Were those the same signs and symptoms you
4 gave us with respect to depression?

5 A. They're similar.

6 Q. What's the difference?

7 A. Major depressive disorder is considered more
8 acute and severe process that can become chronic over
9 time.

10 Q. Is the dysthymic disorder something that
11 requires, as a matter of definition, two years of
12 unrelenting sadness?

13 A. Low mood. The sadness can come and go, but
14 the mood overall should be -- I mean it's a relative
15 thing.

16 Q. Never happy for two years?

17 A. There can be little episodes of bursts of
18 happiness but the general picture is one of a depressed
19 mood.

20 Q. But if you're happy for a day, you don't meet
21 that criteria, do you?

22 A. That's an overly stringent interpretation of a
23 mood disorder. Everybody has fluctuations, even
24 depressed people.

27 (Pages 102 to 105)

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1 Q. Now you've already defined for us complicated
2 grief syndrome, right?
3 A. Right.
4 Q. And in your view the complicated grief
5 syndrome suffered by Yisel Dean is the same suffered by
6 Alice Knabe?
7 A. Yes.
8 Q. Is dysthymic disorder defined by the DSM-IV?
9 A. Yes.
10 Q. But again, complicated grief syndrome is not?
11 A. That's correct.
12 Q. And you say that dysthymic disorder is
13 complicated and typically does not remit without
14 treatment, right?
15 A. That's correct.
16 Q. Has Alice Knabe ever undergone any kind of
17 treatment for it?
18 A. Not that I know of.
19 Q. Any reason she has not?
20 A. I think there are a number. One is that she's
21 a very private woman, she told me. And she's loathed to
22 express her sad feelings in front of someone else. She
23 told me she didn't really want to grieve or show her
24 grief to anyone or her sadness to anyone. And I think

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1 this -- she hyperlipidemia and she also has what's
2 called, neuro-cardiogenic syncope, and she also had a
3 heart attack.
4 Q. Have any of these medical conditions impacted
5 on her ability to get out and around?
6 A. I think for a period of time her knee pain
7 impacted her ability to get out and around, and then
8 her -- the episodes of syncope or fainting that she was
9 having on some pacemaker problems interfered with her
10 ability to travel up to Massachusetts for her son's
11 memorial service and funeral.
12 Q. And her lack of mobility has that impacted, at
13 least as far as a weight gain?
14 A. It may have for some stretch of time, but at
15 the time I saw her, she was taking the dog out for
16 walks. She was alternating with her son to take the dog
17 out for walks and they took the dog out every two hours.
18 What she told me was problematic, was
19 that she was, instead of eating healthily or eating
20 discrete meals, she was doing a lot of snacking. And
21 that she gained a lot of weight, 15 to 20 pounds, since
22 her son's death because of that pattern of eating.
23 Q. Her husband died in 2000, is that what she
24 told you?

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1 she also comes from a generation of -- she has a --
2 Her preference is to try to pull up her
3 socks and carry on, and I think she sees talking about
4 her depressive symptoms as a weakness that she dislikes
5 in herself.
6 Q. You say, she wants to carry on, sort of with a
7 stoic approach to her loss?
8 A. Not stoic in the form of sort of stony and
9 unfeeling, but stoic in terms of willingness to endure
10 and a determination to persevere.
11 Q. So did she tell you that, at the time you
12 interviewed her, that since her son's death, she cries
13 every day?
14 A. Yes, she didn't volunteer that.
15 Q. But you asked her?
16 A. I asked her a general question. I mean she
17 didn't say, By the way, I'm in terrible grief and I cry
18 every day. We were talking about her son and the
19 aftermath of his death.
20 Q. What is Mrs. Knabe's health situation at the
21 present time?
22 A. She suffers from hypertension, diabetes. She
23 has a pacemaker for some kind of cardiac arrhythmia.
24 She had a knee, some kind of knee problem, and she has

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1 A. Yes.
2 Q. Did you ask her what impact that had?
3 A. Yes, we talked about it at length.
4 Q. And what impact did that have on her?
5 A. It had a big impact on her. She was -- they
6 were a very close couple and enjoyed a very happy
7 marriage and were looking forward to a long quiet
8 retirement when he died quite suddenly in the fall of
9 2000 from a stroke. She described feeling acutely
10 grief-stricken, very, sort of, at a loss and quite
11 isolated because they had moved to Florida not that long
12 before his death.
13 And he was someone she relied on to share
14 her daily experiences with, so she really missed his
15 presence.
16 Q. This had a tremendous impact on her?
17 A. Yes.
18 Q. Emotionally?
19 A. Yes.
20 MR. KNIGHT: In fact, let's go off the record
21 for a second.
22 (Off Record Discussion)
23 BY MR. KNIGHT:
24 Q. When you interviewed Craig, he told you that

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1 his father's death in October of 2000, was the hardest
2 hit; is that correct?
3 A. That was his experience.
4 Q. Life kind of ended at that point for my mother
5 and me?
6 A. That was his view, yes.
7 Q. He was talking about his mother, was a
8 profound impact?
9 A. He was talking about himself and his mother.
10 Q. As a result of the loss of his father --
11 strike that, if I may.
12 When Mr. Knabe died, was it in Florida?
13 A. Yes.
14 Q. He was living just with his wife?
15 A. That's right.
16 Q. Alice Knabe?
17 A. That's right.
18 Q. And she informed you that this was a terrible
19 blow to her?
20 A. Yes.
21 Q. Emotionally and whatever, yes?
22 A. Yes.
23 Q. Did she suffer dysthymic disorder as a result?
24 A. She was sad. She was grief-stricken. She was

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1 bereaved, but it was not my impression that she suffered
2 dysthymic disorder.
3 Q. Do you have an explanation as to why, in your
4 opinion, she suffered a dysthymic disorder as a result
5 of her son dying but not her husband dying?
6 A. Yes.
7 Q. What is your explanation?
8 A. Despite the blow that her husband's death was,
9 she described a palpably different experience of her
10 son's death. For one thing, her son was younger and she
11 saw him as, you know, as someone who was filled with
12 potential and opportunity. She saw elements of herself
13 and her father in this boy, and she referred to him as a
14 boy, this young man.
15 And he was, of her two sons, the
16 gregarious, outgoing, adventurous one who was really the
17 hope for her of some kind of future family and life
18 after her husband's died. So his death cut all of that
19 short. Cut short his hope for a future, cut short her
20 hope of some kind of restitution in the form of a
21 daughter-in-law, grandchildren or living vicariously
22 through her son's achievement and activities, which she
23 got a huge kick out of. The other is that she said that
24 she felt that, you know, there really was -- she really

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1 felt there was very little point in engaging in much of
2 anything. And she really lost her will to pull herself
3 out of it.
4 So it was a -- several observers talked
5 about how she was very sad after her husband's death but
6 was beginning to recover, when her son's death really
7 plunged her into a whole different space that she's
8 really been unable to move out of.
9 Q. You said she had an excellent loving marriage
10 with her husband?
11 A. Mm-hmm.
12 Q. That's a yes?
13 A. Yes.
14 Q. And they moved to Florida for retirement where
15 they knew virtually no one?
16 A. They were beginning to put together a social
17 circle there. They also traveled back to Cincinnati
18 where they had a big social circle.
19 Q. And according to Craig Knabe, that life ended
20 at that point for my mother and me when his father died,
21 right?
22 A. That was Craig's view.
23 Q. And certainly, Mrs. Knabe, when she spoke to
24 you about her husband's death, indicated that it was a

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1 terrible blow?
2 A. That's correct.
3 Q. And she did in fact go into an unrelenting
4 depressed mood, did she not, after her husband's death?
5 A. No, it was not unrelenting. She was sad and
6 grief-stricken for a long period of time.
7 Q. Did she have any changes in her appetite after
8 her husband's died?
9 A. She may have transiently.
10 Q. According to what she told you, that's the
11 only thing you're relying on, right?
12 A. Mm-hmm.
13 Q. Did she tell you she had low energy after her
14 husband died?
15 A. I don't recall how she quantified her energy
16 after her husband died.
17 Q. Did you ask her whether or not after her
18 husband died, that whether or not she became depressed?
19 A. Yes.
20 Q. And she indicated she did?
21 A. She indicated that she felt sad. She didn't
22 indicate that she suffered a major depression.
23 Q. Did she say or provide a description similar
24 to what Craig had said, that life kind of ended at that

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1 complicated grief syndrome, according to your
 2 evaluation, as a result of Scott Knabe's death?
 3 A. That's correct.
 4 Q. And my question was: Did Scott Knabe and
 5 Alice Knabe handle Mr. Knabe's death in a different
 6 manner?
 7 A. Did Craig Knabe, I think you mean, Craig?
 8 Q. Did Craig Knabe sustain complicated grief
 9 syndrome as a result of his father's death?
 10 A. Yes, I believe he did.
 11 Q. He did. So did he also suffer depression,
 12 major depression or major depressive disorder, as a
 13 result of his father's death?
 14 A. Yes.
 15 Q. And you said that Alice Knabe did not suffer
 16 major depressive disorder nor complicated grief syndrome
 17 as a result of her husband's death?
 18 A. That's correct.
 19 Q. But she did as a result of Scott Knabe's
 20 death?
 21 A. That's correct.
 22 Q. What psychosocial stressors does Alice Knabe
 23 suffer from?
 24 A. Currently?

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1 Q. Yes.
 2 A. I think her social isolation takes a toll and
 3 I think she worries about Craig, sort of how Craig is
 4 doing, and worries about what will happen to Craig once
 5 she dies. And I think that's is a source of stress for
 6 her.
 7 Q. Did you say in your report regarding Craig
 8 Knabe -- I think you have it?
 9 A. Mm-hmm.
 10 Q. Do you have it in front of you?
 11 A. Yes, I do.
 12 Q. That as a result of Scott's death, he suffered
 13 major depressive disorder, right?
 14 A. I believe I said that as a result of his
 15 father's death, he suffered a major depressive disorder
 16 and it was exacerbated by his brother's death.
 17 Q. In the second paragraph: In my opinion, to a
 18 reasonable degree of medical certainty, Craig Knabe
 19 meets the diagnostic criteria for major depressive
 20 disorder and suffers from a syndrome complicated grief?
 21 A. Correct.
 22 Q. And unlike his mother, he suffers from major
 23 depressive disorder, not dysthymic disorder?
 24 A. That's correct.

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1 Q. Your opinion is that she suffered dysthymic
 2 disorder as a result of Scott's death?
 3 A. That's correct.
 4 Q. What is the difference between her disorder
 5 and his disorder?
 6 A. It's a -- some people would argue that major
 7 depressive disorder is a more severe, acute disorder,
 8 illness and that dysthymic disorder -- and major
 9 depressive disorder can take many patterns. There can
 10 be exacerbations, remissions, single episodes, multiple
 11 episodes. And dysthymic disorder tends to be more of a
 12 chronic lower grade, but chronic and persistent set of
 13 symptoms.
 14 Q. Dysthymic disorder never goes away without
 15 treatment?
 16 A. That's correct.
 17 Q. And neither of them ever had any treatment?
 18 A. That's correct.
 19 Q. So what I think you said before when his
 20 father died, Craig Knabe suffered major depressive
 21 disorder?
 22 A. That's correct.
 23 Q. Not a dysthymic disorder?
 24 A. That's correct.

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1 Q. Which is somewhat less?
 2 A. Well, slightly different in quality, yes.
 3 Some people would argue that it's less. Some people
 4 would argue that in fact, it has more morbidity attached
 5 to it because it's so chronic and so unremitting.
 6 Q. But Mrs. Knabe suffered neither?
 7 A. After her husband's death, correct.
 8 Q. And so on the last page, page four, you say,
 9 Prior to her son's death, Mrs. Knabe had no known
 10 history of any psychiatric symptoms or psychiatric
 11 disorder, right?
 12 A. Right.
 13 Q. If you go back to page three, when you
 14 describe Mrs. Knabe's emotional impact with the death of
 15 her husband, you say that she recalled feeling very sad,
 16 withdrew socially for a time and stopped participating
 17 in activities like riding a bicycle. She felt
 18 comparatively isolated; and you further say, her
 19 husband's death was a terrible blow.
 20 So none of those, you would say, none of
 21 those evidence any psychiatric symptoms?
 22 A. There's something called normal grief and she
 23 had, what I would characterize, as a normal grief
 24 reaction. And there are elements of normal grief

31 (Pages 118 to 121)

DR. JULIA READE

SEPTEMBER 21, 2006

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1 reaction that if you parse them, can look like elements
 2 of a depressive disorder. But the difference is they
 3 remit and they are part of a normal accommodation to
 4 loss.
 5 Q. Craig Knabe's symptoms never remitted,
 6 according to your testimony, right?
 7 A. Not to my understanding, no.
 8 Q. How long was it that Mrs. Knabe suffered those
 9 symptoms?
 10 A. Related to her husband's death?
 11 Q. Yes.
 12 A. It's difficult to pinpoint them exactly. What
 13 she described was a course of months of acute grief
 14 followed by gradual recovery.
 15 Q. So your opinion is that she dealt with her
 16 husband's death in a manner which was entirely normal or
 17 anticipated anyone would?
 18 A. That's correct.
 19 Q. But when her son died, she then suffered two
 20 distinct psychiatric disorders?
 21 A. That's correct.
 22 Q. And she's never sought any treatment for
 23 either?
 24 A. That's correct.

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1 MR. KNIGHT: All right. Thank you very much.
 2 THE WITNESS: My pleasure.
 3 MR. BUNIS: Thank you.
 4 We'll read and sign; waive notary, and we do
 5 want a copy.
 6 (Deposition concluded at 2:20 p.m.)
 7
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1 CERTIFICATE
 2 COMMONWEALTH OF MASSACHUSETTS)
 3)
 4 COUNTY OF PLYMOUTH)
 5 I, Rosemary F. Grogan, a Registered
 6 Professional Reporter and Notary Public duly
 7 commissioned and qualified in and for the Commonwealth
 8 of Massachusetts, do hereby certify:
 9 That JULIA M. READE, M.D., the witness whose
 10 deposition is hereinbefore set forth, was duly
 11 identified and sworn by me, and that the foregoing
 12 transcript is a true record of the testimony given by
 13 such witness to the best of my ability.
 14 I further certify that I am not related to any
 15 of the parties in this matter by blood or marriage, and
 16 that I am in no way interested in the outcome of this
 17 matter.
 18 IN WITNESS WHEREOF, I have hereunto set my
 19 hand and affixed my notarial seal this 2nd day of
 20 October, 2006.
 21
 22 Rosemary F. Grogan, RPR
 23 CSR No. 112993
 24 My Commission Expires: January 7, 2011

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1 ERRATA SHEET DISTRIBUTION INFORMATION
 2 DEPONENT'S ERRATA & SIGNATURE INSTRUCTIONS
 3
 4 ERRATA SHEET DISTRIBUTION INFORMATION
 5 The original of the Errata Sheet has
 6 been delivered to David Bunis, Esquire.
 7 When the Errata Sheet has been completed by
 8 the deponent and signed, a copy thereof should
 9 be delivered to each party of record and the
 10 Original forwarded to Peter Knight,
 11 Esquire, to whom the original deposition
 12 transcript was delivered.
 13
 14 INSTRUCTIONS TO DEPONENT
 15 After reading this volume of your
 16 deposition, please indicate any corrections or
 17 changes to your testimony and the reasons
 18 therefor on the Errata Sheet supplied to you
 19 and sign it. DO NOT make marks or notations n
 20 on the transcript volume itself. Add
 21 additional sheets, if necessary? Please
 22 refer to above instructions for errata sheet
 23 distribution information.
 24

32 (Pages 122 to 125)

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Exhibit 43

ROBIN DEUTSCH, Ph.D.

SEPTEMBER 20, 2006

Page 1

Vol. 1, Pgs. 1-94

Exhibits 1-7

UNITED STATES DISTRICT COURT

DISTRICT OF MASSACHUSETTS

YISEL DEAN, et al.

CONSOLIDATED

Plaintiffs

v.

CA No. 05 CV 10155 PBS

RAYTHEON COMPANY, a Delaware
corporation, et al.

Defendants

LISA A. WEILER, et al.

Plaintiff

v.

CA No. 05 CV 1034 PBS

RAYTHEON COMPANY, a Delaware
corporation, et al.

Defendants

DEPOSITION of ROBIN DEUTSCH, Ph.D.

Wednesday, September 20, 2006 - 9:24 a.m.

Dwyer & Collora, LLP

600 Atlantic Avenue

Boston, Massachusetts

Reporter: Jill K. Ruggieri, RMR/CRR

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ROBIN DEUTSCH, Ph.D.

SEPTEMBER 20, 2006

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1 A Yes, that's my understanding.
 2 Q But the family wasn't together?
 3 A Well, they -- even when they were separated,
 4 by reports, he was still very involved.
 5 There wasn't conflict between them.
 6 It wasn't an angry separation.
 7 Q Certainly not ideal for a child?
 8 A What, the separation?
 9 Q Yes.
 10 A No, separations typically aren't.
 11 Q And you say the resulting was a young,
 12 inexperienced mother?
 13 A Yes.
 14 Q What did you mean by that?
 15 A She's very childlike. She -- by her report
 16 and by observation, she's not a -- does not
 17 appear to be a solid, experienced mother.
 18 She's young. She's unexperienced.
 19 She doesn't cope well with things.
 20 Q Did you ever see any evidence of bipolar
 21 disorder with her?
 22 A No, but I wasn't doing a diagnostic
 23 evaluation of her.
 24 Q When you said, Upon the death of Steven

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1 Dean, Brittany's mother and uncle were so
 2 consumed with their own grief that they were
 3 unable to provide for Brittany's emotional
 4 needs, what did you mean by that?
 5 A Well, the first year after he died, they
 6 both reported, the mother and the uncle,
 7 that they -- that she cried all the time.
 8 She often had difficulty mobilizing
 9 herself, that neither of them were -- paid
 10 very much attention to Brittany.
 11 So when she was off in her room, they
 12 sort of left her there and were not very
 13 attentive to her, that that's what they both
 14 described.
 15 Q Why would they do that?
 16 A Why would they do what?
 17 Q Leave her alone and not meet her emotional
 18 needs.
 19 A I think they were so grieving themselves,
 20 that they were not able to mobilize.
 21 Q You next say that, Brittany's grades have
 22 continued to decline since the death of her
 23 father.
 24 Does that include this past year?

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1 A The fifth grade?
 2 Q Fifth grade?
 3 A Yes.
 4 Q She's now in the sixth grade?
 5 A Yes.
 6 Q So the fifth's grades have gone down from
 7 where they were in the fourth grade?
 8 A Actually, I don't know that they -- they've
 9 gone down in some areas, yes, not all areas.
 10 Q Across -- not across the board?
 11 A No. They've gone down in some
 12 areas -- fourth grade they went down up,
 13 and fifth grade in some areas they've gone
 14 down but --
 15 Q But not all the grades?
 16 A No. And they haven't improved. So she's
 17 either stayed the same or declined.
 18 Q You say, Since her father's death, she has
 19 developed asthma and stomachaches.
 20 I asked about the asthma before?
 21 A Yes.
 22 Q And, in fact, she had asthma before her
 23 father died?
 24 A She was treated for it, yes.

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1 Q So this is an error in your report?
 2 A Well, it could be an error in my report, but
 3 I based it on when the diagnosis was made.
 4 The stomachaches began in September,
 5 right after he died.
 6 Q And you've said that your diagnosis of her
 7 is depression -- depressive disorder, single
 8 episode; is that correct?
 9 A Yes.
 10 Well, Major Depressive Episode.
 11 Q All right.
 12 A Yes.
 13 Q Does she, in your opinion, have any
 14 dysthymia?
 15 A Well, dysthymia is sort of an ongoing
 16 depressive mood that doesn't meet criteria
 17 for major depression.
 18 She meets criteria for major
 19 depression, so you sort of don't address
 20 dysthymia.
 21 Q Does she suffer at all from bipolar
 22 disorder?
 23 A No.
 24 Q You said she suffered from anxiety?

22 (Pages 82 to 85)

**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MASSACHUSETTS**

**CONSOLIDATED UNDER
CASE NO. 05-10155 PBS**

Yisel Dean, Independent Administratrix of the)
Estate of Steven Dean, deceased, and on behalf of)
all statutory beneficiaries,)

Plaintiff,)

vs.)

Raytheon Company, a Delaware Corporation,)
Raytheon Aircraft Company, a Kansas)
Corporation, Raytheon Aircraft Credit Corporation,)
a Kansas Corporation, Raytheon Airline Aviation)
Services LLC, a Kansas Corporation, and Raytheon)
Aircraft Parts Inventory and Distribution Company)
LLC, a Kansas Corporation)

Defendants.)

Case No.: 05 CV 10155 PBS

**PLAINTIFFS' AMENDED OPPOSITION
TO DEFENDANTS' MOTION FOR
SUMMARY JUDGMENT**

Lisa A. Weiler, Administratrix of the Estate of)
Scott A. Knabe, deceased, and on behalf of all)
statutory beneficiaries,)

Plaintiff,)

vs.)

Raytheon Company, et. al.)

Defendants.)

Case No.: 05 CV 10364 PBS

**AMENDED EXHIBITS TO PLAINTIFFS' AMENDED OPPOSITION TO
DEFENDANTS' MOTION FOR SUMMARY JUDGMENT**

1. Audit of Colgan Air by Raytheon Airline Aviation Services, dated November 8, 2002
2. Deposition of Raytheon employee Willard Crowe, taken in Colgan v. RAC
3. Deposition of Raytheon employee Monty Root, taken in Dean, et al. v. Raytheon Company, et al.
4. Letter dated November 3, 2004 from Raytheon to the FAA Wichita ACO

5. Deposition of Raytheon Investigator, Robert Ramey, taken in Colgan v. RAC
6. RAAS Operating Lease Proposal to Colgan Air, dated March 15, 2002
7. National Transportation Safety Board (NTSB) Group Chairman's Factual Report, 12/29/03
8. Deposition of Defendants' expert Dwight Law, taken in Dean, et al. v. Raytheon Company, et al.
9. Deposition of Colgan Employee Daniel Kinan, taken by the NTSB
10. Deposition of Colgan Employee Perry Sarluca, taken in Colgan v. RAC
11. Deposition of Raytheon Employee Tim Green, taken in Colgan v. RAC
12. E-mail Correspondence dated 8.25.03 from Matt McCarthy (RAAS technical support) to Dave Rosenburg (RAAS Manager of Financial Planning, Analysis, & Marketing)
13. REPS R9, 27-30-04, Figure 201
14. Federal Aviation Administration Airworthiness Directive 2003-20-10
15. Deposition of Plaintiffs' expert Michael Maddox, taken in Dean, et al. v. Raytheon Company, et al.
16. NTSB Factual Report of Accident
17. Raytheon Internal Investigator, Robert Ramey's color-coded correct (Ramey Ex. 114) and incorrect (Ramey Ex. 115) visuals of Forward Elevator Trim Tab Cable Routing
18. Photograph of masking tape label on Raytheon aircraft, taken by Plaintiffs' Expert Michael Maddox at aircraft inspection in Wichita, KS on June 12, 2006
19. Deposition of Defendants' expert Donald H. Vallerand, taken in Dean, et al. v. Raytheon Company, et al.
20. NTSB Maintenance Demonstration and Interview of Colgan Air Mechanics, October 22, 2003
21. REPS R9, 27-30-05
22. Photograph of Trim Wheel, taken by Plaintiffs' Expert Michael Maddox at aircraft inspection in Wichita, KS on June 12, 2006
23. Deposition of Colgan employee Dominick Battaglia, taken in Colgan v. RAC

24. Deposition of Raytheon employee Michael Scheidt, taken in Colgan v. RAC
25. Deposition of Raytheon employee Michael Scheidt, taken in Dean, et al. v. Raytheon Company, et al.
26. 14 CFR Part 23.677 Trim Systems
27. Deposition of Plaintiffs' expert Michael Conway, taken in Dean, et al. v. Raytheon Company, et al.
28. NTSB Group Chairman's Factual Report, Cockpit Voice Recorder
29. Deposition of Defendants' expert Richard Nelson, taken in Dean, et al. v. Raytheon Company, et al. (Rough Draft Transcript)
30. Deposition of Plaintiffs' expert Greg Feith, taken in Dean, et al. v. Raytheon Company, et al.
31. Raytheon Company Website Information – "About Us"
32. Security Exchange Commission press release and Order imposing sanctions against RC and RAC
33. Type Certificate Data Sheet
34. Deposition of Former Raytheon Employee Donovan Havnen, taken in Dean, et al. v. Raytheon Company, et al.
35. Deposition of Raytheon Employee Mike Jolicoeur, taken in Colgan v. RAC
36. Deposition of Plaintiffs' Expert Frederick Leonelli, taken in Dean, et al. v. Raytheon Company, et al.
37. 14 CFR Part 23, App. G
38. Deposition of Defendants' Expert Michael Dreikorn, taken in Dean, et al. v. Raytheon Company, et al.
39. Raytheon submission to the NTSB, dated May 6, 2004
40. 14 CFR Part 23.685(d)
41. 14 CFR Part 121.153
42. Deposition of Plaintiffs' Expert Julia Reade, M.D., taken in Dean, et al. v. Raytheon Company, et al.

43. Deposition of Plaintiffs' Expert Robin Deutsch, Ph.D., taken in Dean, et al. v. Raytheon Company, et al.

Respectfully Submitted,

By: /s/ Mary Schiavo
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And

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Dated: December 14, 2006

CERTIFICATE OF SERVICE

I, Mary Schiavo, hereby certify that a true and correct copy of this document(s) filed through the ECF system will be sent electronically to the registered participants as identified on the Notice of Electronic Filing (NEF) and paper copies will be sent to those indicated as non registered participants on December 14, 2006.

/s/ Mary Schiavo